

<i>SERFF Tracking Number:</i>	<i>UNKP-125662592</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-02-388</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-02-388</i>		

## Filing at a Glance

Company: Milwaukee Casualty Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: UNKP-125662592

SERFF Status: Closed

Co Tr Num: AR-WC-0809-02-388

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Denise Freund, Andrea Light

Disposition Date: 05/27/2008

Date Submitted: 05/23/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Project Number: AR-WC-0809-02-388

Reference Organization: NA

Reference Title: NA

Filing Status Changed: 05/27/2008

State Status Changed: 05/27/2008

Corresponding Filing Tracking Number:

Filing Description:

Filing to adopt currently approved Company rules for new company - Milwaukee Casualty Insurance Company.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: NA

Advisory Org. Circular: NA

Deemer Date:

## Company and Contact

### Filing Contact Information

Freund Denise, State Filings Analyst

dfreund@unitrin.com

SERFF Tracking Number:	UNKP-125662592	State:	Arkansas
Filing Company:	Milwaukee Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-WC-0809-02-388		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/AR-WC-0809-02-388		

12790 Merit Drive	(800) 777-2249 [Phone]
Dallas, TX 75251	(214) 360-8060[FAX]

**Filing Company Information**

Milwaukee Casualty Insurance Company	CoCode: 26662	State of Domicile: Wisconsin
12790 Merit Drive	Group Code: 215	Company Type: Prop & Cas
Dallas, TX 75251	Group Name: Unitrin Prop & Cas	State ID Number:
(800) 777-2249 ext. 8194[Phone]	FEIN Number: 39-1190263	

-----

SERFF Tracking Number:	UNKP-125662592	State:	Arkansas
Filing Company:	Milwaukee Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-WC-0809-02-388		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/AR-WC-0809-02-388		

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Milwaukee Casualty Insurance Company	\$50.00	05/23/2008	20475911

<i>SERFF Tracking Number:</i>	<i>UNKP-125662592</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-02-388</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-02-388</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	05/27/2008	05/27/2008

<i>SERFF Tracking Number:</i>	<i>UNKP-125662592</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-02-388</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-02-388</i>		

## Disposition

Disposition Date: 05/27/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNKP-125662592 State: Arkansas  
 Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: AR-WC-0809-02-388  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: Workers Compensation  
 Project Name/Number: /AR-WC-0809-02-388

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Company Cover Letter	Approved	Yes
Rate	Waiver of Right to Recover From Others	Approved	Yes
Rate	Schedule Rating Plan	Approved	Yes
Rate	Deductible Plan	Approved	Yes
Rate	Company Rate Exceptions	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>UNKP-125662592</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-02-388</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-02-388</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNKP-125662592	State:	Arkansas
Filing Company:	Milwaukee Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-WC-0809-02-388		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/AR-WC-0809-02-388		

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Waiver of Right to Recover From Others	WC-AR-RU-1 (Rev 2.0)	New	SERFF WC_AR_RU_1_Waiver_of_Sug_Rev_2.0_.pdf
Approved	Schedule Rating Plan	WC-AR-SCH-1 (Rev 2.0)	New	SERFF WC_AR_SCH_1_Rev_2.0_.pdf
Approved	Deductible Plan	WC-DED-1 (Rev 4.0)	New	SERFF WC_DED_1,_2_Rev_4.0_.pdf
Approved	Company Rate Exceptions	WC-AR-RATE-1 (Rev 2.0)	New	SERFF WC_AR_RATE_1_Rev_2.0_.pdf



**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY**  
**COMPANY EXCEPTION RULE**

**Rule 3.A.22. -- WAIVER OF RIGHT TO RECOVER FROM OTHERS**

If the company agrees to waive its right(s) of recovery against others, the following maximum premium charge may apply:

**Specific Waiver:** \$100 flat charge

**Blanket Waiver:** 2% of the total Workers' Compensation premium, subject to a \$250 minimum

**Applicable form:**

WC 00 03 13 – Waiver Of Our Right To Recover From Others Endorsement

THE COMPANY DESIGNATED BY AN [ X ]  
[ x ] Trinity Universal Insurance Company  
[ x ] Security National Insurance Company  
[ x ] Trinity Universal Insurance Company of Kansas, Inc.  
[ x ] Milwaukee Casualty Insurance Company

---

**ARKANSAS  
WORKERS' COMPENSATION INSURANCE  
SCHEDULE RATING PLAN**

The premium for an eligible risk may be modified in accordance with the following table, subject to a maximum modification of 25% to reflect such characteristics of the risk as are not reflected in its experience:

	<u>Range of Modification</u>		
	<u>Credit</u>		<u>Debit</u>
1. Premises - Conditions, Care	10%	to	10%
2. Classification Peculiarities	10	to	10
3. Medical Facilities	5	to	5
4. Safety Devices	5	to	5
5. Employees - Selection, Training, Supervision	10	to	10
6. Management			
A. Cooperation with insurance carrier	5	to	5
B. Safety organization	5	to	5

**GENERAL RULES:**

1. This plan may be applied to a risk that is experience rated, or develops an annual premium of \$1000 or more, effective January 1, 1983, on new and renewal policies.
2. The percentage of schedule credit or debit shall be applied in a multiplicative manner, after application of the experience modification and before the application of premium discounts and expense constant.
3. All schedule debits and all schedule credits shall be based on evidence that is contained in the file at the time the schedule debit or credit is applied.
4. The effective date of any schedule debit or credit shall not be any date prior to the receipt in the insurer's office of the evidence supporting the debit or credit.
5. The derivation of the schedule factor must be made available to the insured upon request. To the degree that the insured can correct the reason for any schedule debit to the satisfaction of the insurer, the debit may be removed effective the date the documentation for the correction is received in the insurer's office.
6. There shall be an annual report to the National Council on Compensation illustrating the total dollar amount of scheduled debits and the total dollar amount of scheduled credits.

THE COMPANY DESIGNATED BY AN [ X ]  
[ x ] **Trinity Universal Insurance Company**  
[ x ] **Security National Insurance Company**  
[ x ] **Trinity Universal Insurance Company of Kansas, Inc.**  
[ x ] **Milwaukee Casualty Insurance Company**

---

**ARKANSAS**  
**WORKERS' COMPENSATION INSURANCE**  
**SCHEDULE RATING PLAN**

7. All statistical reporting on policies effective January 1, 1983 and thereafter reported to the National Council on Compensation Insurance shall not include the effect of this schedule rating plan (report at company rate level). This includes, but is not limited to, premiums reported on the Unit Statistical Plan, Policy - Year Premiums, Calendar - Accident Year Premiums and Calendar Year Premiums.
8. Schedule rating premium adjustments must be reported under unique classification codes or unit statistical reports submitted to the statistical agent.

**WORKERS COMPENSATION****DEDUCTIBLE PLAN****Miscellaneous Rules, Deductible Insurance -**

The following percentage reductions are applicable by deductible amount and hazard group on a per claim basis as designated below:

<b>TOTAL LOSSES</b>							
<b>DEDUCTIBLE AMOUNT</b>	<b>HAZARD GROUP DEDUCTIBLE FACTORS</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
\$ 1,000	13.40%	10.90%	9.40%	7.90%	6.60%	4.60%	3.50%
1,500	16.30%	13.40%	11.60%	9.80%	8.30%	5.90%	4.50%
2,000	18.60%	15.30%	13.30%	11.40%	9.70%	7.00%	5.40%
2,500	20.60%	17.10%	14.90%	12.80%	10.90%	7.90%	6.10%
3,000	22.40%	18.60%	16.30%	14.00%	12.00%	8.80%	6.80%
3,500	24.00%	20.00%	17.60%	15.20%	13.00%	9.70%	7.50%
4,000	25.50%	21.30%	18.80%	16.30%	14.00%	10.50%	8.10%
4,500	26.90%	22.50%	19.90%	17.30%	14.90%	11.30%	8.70%
5,000	28.20%	23.70%	21.00%	18.30%	15.80%	12.00%	9.30%

<b>MEDICAL LOSSES</b>							
<b>DEDUCTIBLE AMOUNT</b>	<b>HAZARD GROUP DEDUCTIBLE FACTORS</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
\$ 1,000	13.00%	10.60%	9.10%	7.60%	6.40%	4.40%	3.40%
1,500	15.50%	12.70%	11.00%	9.30%	7.80%	5.50%	4.20%
2,000	17.50%	14.40%	12.50%	10.60%	9.00%	6.40%	4.90%
2,500	19.20%	15.80%	13.80%	11.70%	10.00%	7.20%	5.50%
3,000	20.60%	17.10%	14.90%	12.70%	10.80%	7.90%	6.10%
3,500	21.90%	18.20%	15.90%	13.60%	11.60%	8.50%	6.60%
4,000	23.00%	19.20%	16.80%	14.50%	12.40%	9.10%	7.10%
4,500	24.00%	20.10%	17.60%	15.20%	13.10%	9.70%	7.50%
5,000	25.00%	21.00%	18.40%	15.90%	13.70%	10.20%	7.90%

☒ Trinity Universal Insurance Company  
☒ Security National Insurance Company  
☒ Trinity Universal Insurance Company of Kansas, Inc  
☒ Milwaukee Casualty Insurance Company

Effective: September 1, 2008  
 Revision: 4.0

**WORKERS COMPENSATION****DEDUCTIBLE PLAN**

<b>INDEMNITY LOSSES</b>							
<b>DEDUCTIBLE AMOUNT</b>	<b>HAZARD GROUP DEDUCTIBLE FACTORS</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
\$ 1,000	2.90%	2.40%	2.20%	2.00%	1.80%	1.50%	1.10%
1,500	4.00%	3.30%	3.00%	2.80%	2.50%	2.10%	1.60%
2,000	5.00%	4.10%	3.80%	3.50%	3.10%	2.70%	2.00%
2,500	5.80%	4.90%	4.50%	4.20%	3.70%	3.20%	2.40%
3,000	6.60%	5.60%	5.20%	4.80%	4.30%	3.60%	2.80%
3,500	7.40%	6.20%	5.80%	5.40%	4.80%	4.10%	3.10%
4,000	8.00%	6.80%	6.30%	5.90%	5.20%	4.50%	3.50%
4,500	8.70%	7.40%	6.80%	6.40%	5.70%	4.80%	3.80%
5,000	9.30%	7.90%	7.30%	6.80%	6.10%	5.20%	4.10%

☒ Trinity Universal Insurance Company  
☒ Security National Insurance Company  
☒ Trinity Universal Insurance Company of Kansas, Inc  
☒ Milwaukee Casualty Insurance Company

Effective: November 1, 2007  
 Revision: 3.1

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY**

**COMPANY EXCEPTIONS - RATES**

Rule 3.A.11. – EXPENSE CONSTANT: \$165.00

Rule 3.A.16. – MINIMUM PREMIUM:

Minimum premium is equal to the Rate Multiplied by 135, plus the Expense Constant.  
The Maximum minimum premium is \$750.00.

Rule 3.A.24.b. – DOMESTIC TERRORISM RATE (TRIA): 0.020

Rule 3.A.24.c. – FOREIGN TERRORISM RATE (TRIA): 0.040

APPENDIX A—

PREMIUM DISCOUNT PERCENTAGES (Type A - Stock):

The following premium discounts are applicable to Standard Premiums:

First \$	5,000	0.0 %
Next \$	95,000	10.9 %
Next \$	400,000	12.6 %
Next \$	500,000	14.4 %

[X] Security National Insurance Company  
[X] Trinity Universal Insurance Company  
[X] Trinity Universal Insurance Company of Kansas  
[X] Milwaukee Casualty Insurance Company

Arkansas (03)  
Effective: Sept. 1, 2008

SERFF Tracking Number:	UNKP-125662592	State:	Arkansas
Filing Company:	Milwaukee Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-WC-0809-02-388		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/AR-WC-0809-02-388		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	05/27/2008
<b>Comments:</b>				
<b>Attachments:</b>				
	SERFF F777_03_07.pdf			
	SERFF F779_03_07_Page_1.pdf			
	SERFF F779_03_07__Page_2.pdf			
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	05/27/2008
<b>Bypass Reason:</b>	NA			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	05/27/2008
<b>Bypass Reason:</b>	NA			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Company Cover Letter	<b>Review Status:</b>	Approved	05/27/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	SERFF Letter_Company_Rules.pdf			

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

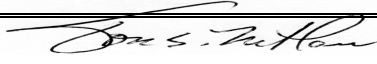
<b>3. Group Name</b>	<b>Group NAIC #</b>
Unitrin Property & Casualty Insurance Group	215

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Milwaukee Casualty Insurance Company	Wisconsin	26662	39-1190263	

<b>5. Company Tracking Number</b>	<b>AR-WC-0809-02-388</b>
-----------------------------------	--------------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jon Zetlau 12790 Merit Drive Dallas, TX 75251	Bureau/ Forms Compliance Manager	800/777-2249 ext 8254	214/360-8060	alight@unitrin.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Jon Zetlau

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard Workers Compensation
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 09/01/08      Renewal: 09/01/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	NA



<b>17. Reference Organization # &amp; Title</b>	NA
<b>18. Company's Date of Filing</b>	May 22, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	AR-WC-0809-02-388
--	-------------------

<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

Filing to adopt all previously approved Company rules for new Company - Milwaukee Casualty Insurance Co.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> NA  <b>Amount:</b> NA</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>

Effective March 1, 2007

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking # **AR-WC-0809-02-388 - Page 1**

2. This filing corresponds to form filing number **AR-WC-0809-01-387**  
(Company tracking number of form filing, if applicable)

☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.) **Prior Approval**

4a. Rate Change by Company (As Proposed)

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b. Rate Change by Company (As Accepted) For State Use Only

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6. Overall percentage of last rate revision

7. Effective Date of last rate revision

8. Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Waiver of Right to Recover from Others (WC-AR-RU-1 (Rev 2.0))	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Schedule Rating Plan (WC-AR-SCH-1 (Rev 2.0))	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	Deductible Plan (WC-DED-1,2 (Rev 4.0))	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking # **AR-WC-0809-02-388 - Page 2**

2. This filing corresponds to form filing number **AR-WC-0809-01-387**  
(Company tracking number of form filing, if applicable)

☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.) **Prior Approval**

4a. Rate Change by Company (As Proposed)

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b. Rate Change by Company (As Accepted) For State Use Only

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6. Overall percentage of last rate revision

7. Effective Date of last rate revision

8. Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Company Rate Exceptions (WC-AR-RATE-1 (Rev 2.0))	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



May 22, 2008

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE:               Workers Compensation – Company Rules  
                    Milwaukee Casualty Insurance Company – NAIC #26662; FEIN #39-1190263  
                    Company Filing Number: AR-WC-0809-02-388

Dear Sir:

For all policies effective on or after September 1, 2008, we wish to adopt the Company rules currently filed and approved for in our other companies.

In this initial filing, our intent is to file a program identical to the one currently filed and approved by the Arkansas Department of Insurance for Trinity Universal Insurance Company (NAIC #19887, FEIN #75-0620550).

Filing forms are attached for your review. Copies of Company Rules are also included.

Should you have any further questions or wish to discuss the matter further, please feel free to contact Andrea Light at (800) 777-2249 ext. 8254, [alight@unitrin.com](mailto:alight@unitrin.com), or by mail.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon S. Zetlau", written over a light gray rectangular background.

Jon Zetlau  
Bureau and Forms Compliance Manager

JZ/df